

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030927

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4438

FILED SEP 10 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
45 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Gen. HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 619 W. 12th St

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

CHARLES

DAWSON

## 4. DATE OF DEATH

Month

Day

Year

Aug. 27. 62

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married

Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-24-1901

## 9. AGE (last birthday)

61

(If UNDER 1 YEAR

Months

(If UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SAFETY Super.

## 10b. KIND OF BUSINESS OR INDUSTRY

Taxi cab co.

## 11. BIRTHPLACE (City and state or country)

CLEARMORE, OKA.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

GEORGE DAWSON

## 13b. MOTHER'S MAIDEN NAME

Dora Tinecup

## 14. NAME OF HUSBAND OR WIFE

Irene Dawson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

WIFE 619 W 12th St. K.C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

carcinoma of maxillary sinus.

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8-24-62 to 8-27-62 and last saw her alive on 8-27-62

Death occurred on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Frank Ellis

(Degree or title)

## 22b. ADDRESS

K.C. Mo.

## 22c. DATE SIGNED

8-28-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

8-27-62

## 23c. NAME OF CEMETERY OR CREMATORY

Woodland Cemetery

## 23d. LOCATION (City, town, or county)

Clearmore, Okla.

## (State)

## 24. FUNERAL DIRECTOR

Melroy McElroy

## ADDRESS

20 W. 12th St.

## 25. DATE RECD. BY LOCAL REG.

8-28-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Signed Embalmer's Statement on Reverse Side)

K.C. Mo.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wm. H. Gentry*

Licensed Embalmer No.

*3038*

P. O. Address

*G. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.